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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/688,572
Filing Date	10-17-2000
First Named Inventor	SEul
Art Unit	1641
Examiner Name	P. Do
Attorney Docket Number	LEAPS-C3

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 36038

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number:

36038

OR

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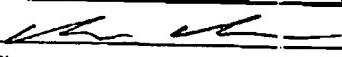
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Chu Chau		
Date	12/20/2006	Telephone	908 226 8200 ext 208

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.

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